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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted With Initial Filing      **OR**      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	TCOM0018
First Named Inventor	Eric S. Olson
<i>COMPLETE IF KNOWN</i>	
Application Number	
Filing Date	Herewith
Art Unit	
Examiner Name	

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Interference Cancellation in a Signal

*(Title of the Invention)*

the specification of which

☒ is attached hereto**OR**☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT InternationalApplication Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.


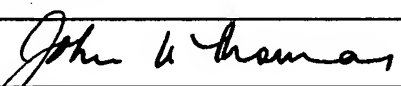
[Page 1 of 3]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: <input type="text" value="39258"/>		OR <input type="checkbox"/> Correspondence address below	
Name			
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City		State	ZIP
Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Eric S.		Family Name or Surname Olson	
Inventor's Signature 		Date Jan. 23, 2004	
Residence: City Boulder	State CO	Country USA	Citizenship US
Mailing Address 3565 28th St. #102			
City Boulder	State CO	ZIP 80301	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) John K.		Family Name or Surname Thomas	
Inventor's Signature 		Date Jan. 23, 2004	
Residence: City Erie	State CO	Country USA	Citizenship US
Mailing Address 290 Skylane Dr.			
City Erie	State CO	ZIP 80516	Country USA
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental Sheet

Page 3 of 3

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Wolfgang		Kober	
Inventor's Signature <i>Wolfgang Kober</i>		Date <i>1/21/04</i>	
Residence: City Aurora	State CO	Country USA	Citizenship US
Mailing Address 7017 S. Richfield Street			
Mailing Address			
City Aurora	State CO	Zip 80016	Country USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Robert K.		Krumvieda	
Inventor's Signature <i>Robert K. Krumvieda</i>		Date <i>1/21/04</i>	
Residence: City Westminster	State CO	Country USA	Citizenship US
Mailing Address 10713 Hobbit Lane			
Mailing Address			
City Westminster	State CO	Zip 80031	Country USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

<b>Application Number</b>	
<b>Filing Date</b>	Herewith
<b>First Named Inventor</b>	Eric S. Olson
<b>Title</b>	Interference Cancellation in a Signal
<b>Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	TCOM0018

I hereby appoint:

☒ Practitioners associated with the Customer Number:

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☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Name Robert K. Krumvieda

Signature

Date

1/21/04

Telephone

303-466-7550

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 4 forms are submitted.

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## SIGNATURE of Applicant or Assignee of Record

Name	John K. Thomas		
Signature	<i>John K. Thomas</i>		
Date	Jan 23, 2004		Telephone 303-920-4797

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<b>Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	TCOM0018

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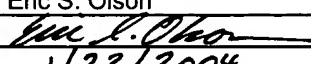
<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City	State	Zip		
Country				
Telephone	Fax			

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## SIGNATURE of Applicant or Assignee of Record

Name	Eric S. Olson		
Signature			
Date	1/23/2004	Telephone	303-920-4797

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<b>Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	TCOM0018

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## **SIGNATURE of Applicant or Assignee of Record**

Name Wolfgang Kober

Signature *Wolfgang Kober*

Date 1/21/04

Telephone 303/699-2421

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